

Version A

- 1.(a) True This was the case consider in assignment 1.
 (b) False From course notes it as around \$10,800.
 (c) False Allocation to insurance policy type was randomized.
 (d) False Six was not the optimal number but was still better than none.
 (e) True
 (f) True As explained in class.

2.(a)(i) Yes. Expected loss = $0.2 \times 20,000 + 0.8 \times 5,000 = \$8,000$. This equals the premium. (ii)

$$\text{Individual variance} = 0.2 \times (20,000 - 8,000)^2 + 0.8 \times (5,000 - 8,000)^2 \\ = 0.2 \times 144,000,000 + 0.8 \times 9,000,000 = 36,000,000.$$

(ii) Variance of group average loss = $36,000,000/100 = 360,000$.

$$\text{Standard deviation of average loss} = \sqrt{3,600} = \$600.$$

With probability .95 within two stand. deviations of mean = $8,000 \pm 2 \times 600 = (6,800, 9,200)$.

$$(b) T = [0.44 - 0.30] / \sqrt{(0.08^2 + 0.06^2)} = 0.14 / 0.10 = 1.40.$$

Since $|T| < z_{0.05} = 1.96$ do not reject $H_0: \mu_1 = \mu_2$ in favor of $H_A: \mu_1 \neq \mu_2$.

The difference is not statistically significant at significance level 5%.

(c)(i) As coinsurance rates rise (from 0% up to 95%) health expenditures fall on average.

So consumer responds to higher prices (their coinsurance share) by decreasing demand.

$$(ii) \text{Elasticity} = \frac{(340 - 224) / [(340 + 224)/2]}{(0 - 50) / [(0 + 50)/2]} = \frac{116/282}{-50/25} = \frac{0.411}{-2} = -0.206.$$

3.(a) We move from (Q_100, P_100) to (Q_50, P_50). So ...

(i) Change in health expenditure is $C + B + F$ (equals $P_{100} \times (Q_{50} - Q_{100})$).

(ii) Moral hazard loss is C (difference between societal cost (P_{100}) and maximum willing to pay (given by the demand curve)).

(b) Buyers believe uniform on (50,90) given posted price of 90.

Expected value is $(90+50)/2 = 70$ with utility $U(70)=1.2 \times 70=84 < 90$. **So do not buy.**

(c)(i) The CEA study included both features in its critique of Medicare for All.

(ii) Because there is a welfare loss in raising taxes to pay for increased government spending on health. (This welfare loss is similar to that due to moral hazard studied in class).

4.(a) Passive vs none: MC per QALY saved = $(\$40,000 - \$0)/(4 \times 0.5 - 2 \times 0.4) = \$40,000/1.2 = \$33,333$.

Aggressive vs none: MC per QALY saved = $(\$200,000 - \$0)/(10 \times 0.6 - 2 \times 0.4) = \$200,000/5.2 = \$38,500$. Prefer passive treatment to aggressive as lower MC per QALY saved.

(b) Cost: $100,000 \times \$20 + 0.8 \times 100 \times \$200 + 0.1 \times 100,000 \times \$200 = 2,000,000 + 16,000 + 2,000,000 = \$4,016,000$ (or could instead have $0.1 \times 99,900 \times \200 unneeded tests giving \$4,014,000 total).

Benefit = $0.8 \times 100 \times \$20,000 = \$1,600,000$.

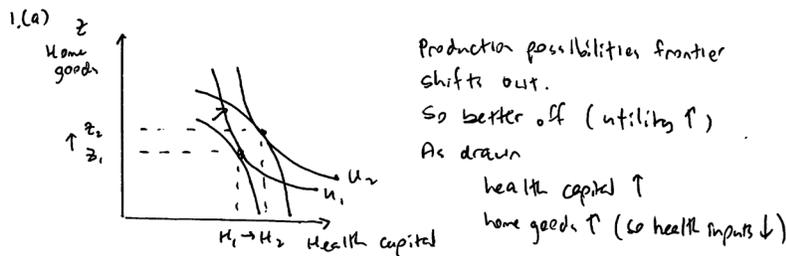
The first test is not worthwhile as cost exceeds benefit.

(c) Team Size	0	5	10	15	20	25
Deaths	120	50	20	10	6	4
Life saved		70	30	10	4	2
Marg. benefit	350,000	150,000	100,000	20,000	10,000	
Marg. cost	25,000	25,000	25,000	25,000	25,000	

Optimal number is 15 member team as then $MB=100,000$ still $> MC = 25,000$.

Version A (continued)

5.(a)



(b) Doctor PDV = $-60 + 90/1.2 + 144/(1.2)^2 = -60 + 75 + 100 = 115$.

College only PDV = $30 + 48/1.2 + 72/(1.2)^2 = 30 + 40 + 50 = 120$.

College only as higher discounted present value. (You need to discount to get credit.)

(c) Farmers with treated mosquito nets: Average income gain = $800 - 600 = 200$.

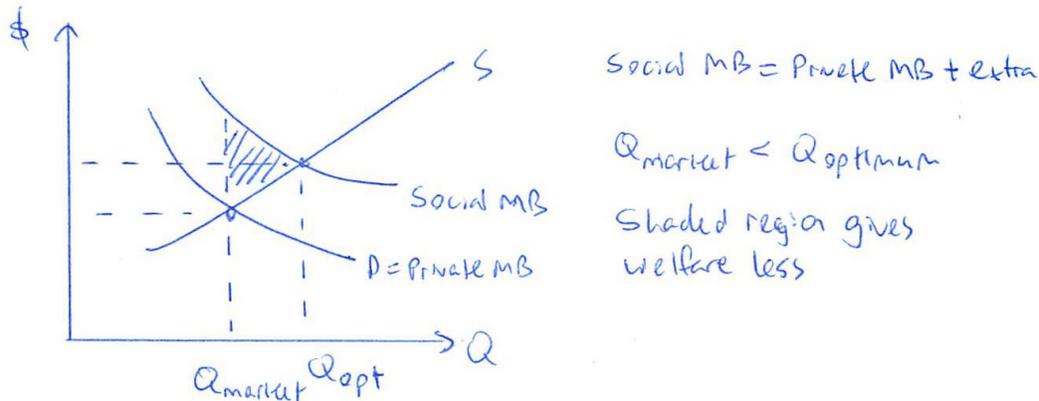
Farmers in control group: Average income gain = $750 - 650 = 100$.

Difference-in-difference estimate = $200 - 100 = \$100$.

6.(a)(i) Social MB = 100 million $\times (1 - 0.2Q) = (100 - 2Q)$ million. Social MC = 20 million.
Social MB = Social MC implies $100 - 2Q = 20$ so $Q = 40$.

(ii) Various answers are possible, including information, government research funding.

(b) Positive externality of vaccination.



(c)(i) Negative aspect: introduces monopoly power to holder of the patent.

(ii) Positive aspect: encourages innovation (discovery of new drugs).

Version A (continued)

- 7.(i) Drug price increases by \$158,274 per extra life year gained. (Use first set of output)
- (ii) No. $p = -.234 > 0$ (or $|t| = 1.20 < 1.96$. (Use second set of output)
- (iii) Use third set of output which is log-log regression and directly gives the elasticity.
 $t = (1.082236 - 1.0) / 0.1679802 = 0.489 < 1.96$. No. it is not statistically significantly different from 1.
- (iv) It is increasing by $100 \times 0.0948 = 9.48\%$ per year. ((Use fourth set of output which is log-linear).
- (v) This adds variable *lncomp* which is statistically significant at 5% and has meaningfully very large coefficient. Drug price is much lower when there is competition from other drugs.
- (f) regress price placebo (this was **ttest** with equal variances).

Multiple choice

Question	1	b	50% public / 50% private
	2	a	
	3	d	
	4	d	It is $.25 \times 80 + .75 \times 200 = 170$.
	5	d	The MB was always > 0 but became $< MC$
	6	b	
	7	c	Hospitals do exercise market power given concentration in each region
	8	a	Only required for the initial drug
	9	b	Information is a public good. Patents make it excludable.
	10	b	
	11	b	
	12	a	From example for Yolo county Medicare part D plans given in class
	13	b	
	14	a	
	15	c	
	16	a	
	17	c	
	18	c	

Scores out of 60

Curve (Indication only: Course Grade is based on Total Score!)

75 th percentile	47.5 (79 %)	(Ave GPA 2.76 on this curve)	C+	38 and above	
Median	42 (70 %)	A	48 and above	C	36 and above
25 th percentile	36.5 (61 %)	A-	46 and above	C-	34 and above
		B+	44 and above	D+	32 and above
		B	42 and above	D	30 and above
		B-	40 and above	D-	28 and above